Irradiation of Food

•177. SHRI GURUDAS DAS GUPTA: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware that irradiation of food leads to the formation of unique radiolytic products which ere mainly similar to these that occur aiso in other processes such as barbecuing and canning, etc;

(b) whether it is a fact that about 10 per cent of the unique radiolytic products are totally different, the effects of which are unknown; and

(c) whether a moratorium on Food Irradiation would be imposed till such time as the full safety of Irradiation is established beyond doubt?

THE MINISTER OF STATE OF THE (MINISTRY OF CIVIL AVIATION AND TOURTSM (SHRI SHTVRAI PATEL): (a) Government are aware of the reports. However, the yields of the radiolytic products are very low and are of no conse-$_t$ quence to the safety of food. Moreover, these products are found to be present in foods processed by other methods as -well.

(b) Trie unique radiolytic products are Jn such low amounts and characteristical ly transient by nature and their effects on animals are not exactly known. These chemicals are; not traceable with best available techniques in normal food or food irradiated at dose levels allowed in India.

(c) The wholesomeness and safety as->-pects of irradiated food have been estab lished by international agencies. The method has been subjected to a close toxicological examination. There is no justification for imposing a moratorium on irradiated food Food irradiation has been cleared in India only after taking all these factors into account.

Banning of Spurious and Substandard Drugs

*178. DR. RATNAKAR PANDEY: SHRl MURLIDHAR CHAND-RAKANT BHANDARE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to a report in the Patriot dated January 14, 1989 captioned "Ignorance about tanned drugs" alleging that several drugs which have been banned by the Drug Controller to be sold in different parts of the Country and that the menace of spurious and sub-standard drugs is widely prevalent; and

(b) if so, what specific steps have been taken fo prevent the sale of banned spurious and substandard drugs?

THE MINISTER OF STATE IN THE MINISTER OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHA-PARDE): (a) Yes, Sir.

(b) A statement is laid on the Table of the Sabha.

Statement

Information available with the Government reveals that no formulation covered under the banned list of 27 is reported to be marketed except for fixed dose combination of Chloramphenicol with Streptomycin and fixed dose combination of Corticosteroid wfth other drugs for intenut use, for which certain manufacturers obtained stay against flic ban order from different Courts of Law

Government have initiated steps to get the stay orders vacated and also for the dismissal of the

The drugs which are banned are published iri the Gazette of India Extraordinary for information of all concerned. Copies of the Gazette are made available by the Ministry of Health and Family Welfare to all the State Governments,

State Drug Controllers and major associations of manufacturers and dealers in drugs.

Under the various provisions of Drugs and Cosmetics Act and Rules thereunder, State Licensing Authorities withdraw batches of drug formulations reported to be sub-standard jn nature. T.A. is a continuous process.

To prevent sale of spurious drugs, penalties under the Drugs and Cosmetics Act have been enhanced. State Drug Control authorities carry out raids and launch prosecutions. The State Governments, who are the licensing authority under the Act, Have been advised to strengthen the State Drug Control machineries establish intelligence-cum-legal cells and ensure adequate testing facilities. The Central Government assists the States by testing of samples at Central Drugs Laboratory, Calcutta,

Agreement signed with junior doctors. federation in 1986

*179. SHRl ATAL BIHARI VAJPAYEE; SHRl KAILASH PATI MISHRA

Will the Minister of HEALTH - AND FAMILY WELFARE be pleased to refer to the reply to the Unstarred Question 413 given in the "Rajya Sabha on th© 15th November, 1988 and state;

(a) what were the provisions of the package of benefits offered by Government to doctors in July 1987 which have not been implemented;

(b) wnether various associations of doctors have complained in this regard, is so, Governments response thereto;

(c) what are the provisions of the Agreement of 1986 between Government and the Junior Doctors Federation; and

(d) what are the provisions of that Agreement which are still un-implemented and what is the clause 'D' of this agreement and the Government steps taken so far to fulfil its own commitment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARl SAROJ-KHAPARDE); (a) and (b) The items regarding placement of Chief Medica! Officers, Associate Professors with 6 years service and Specialist Grade II officers of Public Health with 9 years service in the scale of Rs. 4500—5700 included in the package of benefits have not been implemented as all the administrative formalities involved in the process have not completed. Expeditious action is being taken to complete the implementation.

The docors have represented for early implementation $_0$f the outstanding provisions of the package announced by Government in July, 1987 as well as several other unacceptable and new demands.

(c) and (d) A copy of the agreement dated 13-11-1986 entered into between tha representativs of the Junior Doctors Federation and the Government of India *H* attached at Annexure

Junior Doctors have represented that in terms of clause (d) of the agrement (Annexure), their emoluments should be increased on account of increase in the non-practising allowance for Central Health Service doctors and grant of contingency allowance to them. Junior doctors ar$_e$ not part of the Central Health Service. The pay of Junior Doctors is inclusive of non-practising allowance; it also includes post-graduate allowance in case of senior Residents. In respect of both Junior doctors (Junior residents and Senior residents) and Central Health Service and other service doctors, the pay and non-practising allowance/post-graduate allowance has been fixed with effect from 1-1-1986 though orders were issued on different dates Therefore the question of revision of pay of junior doctors on the basis of non-practising allowance of Central Health Service officers does not arise. The question of contingency allowance for Junior Doctors is under consideration.